

APPROVING OFFICIAL BILL CERTIFICATION



Responsibilities

- **Establish Certification Authority**
- **Review Cardholder's Monthly Statement**
- **Reconcile and Certify the Monthly Approving Official Statement**
- **Mail the Original and One Copy to Finance Office for Payment**
- **Maintain All Documentation for Three Years**



Certification Authority

1. NAME Doe, John J.	2. PAY GRADE Major, USA	3. DATE 19 March 1998
4. OFFICIAL ADDRESS ATTN: RMCAP-PAY 8899 West 65 th Street Outtown, NY 12900-1789 (703) 555-1000. Ext 120 AO Account NO: 4716-3000-1234-5678 Interest Penalty Accounting Classification: 21*2020 76-2054 131056 43AB IMPACOMT0DOEJJ ABCD54 045016		
5. SIGNATURE /S/		
6. TYPE OF DOCUMENT OR PURPOSE FOR WHICH AUTHORIZED Purchase Card Billing Statements		
7. NAME AND GRADE OF COMMANDING OFFICER Michael Q. Public 1901 Broad Street Outtown, NY 12900-1709 (703) 555-1800, ext 4456	8. PAY GRADE LTC, USA	
THE ABOVE IS THE SIGNATURE OF THE AUTHORIZED INDIVIDUAL		
9. SIGNATURE OF COMMANDING OFFICER /S/		

DD Form 577	SIGNATURE CARD
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Cardholder Statements

- **Review Cardholder's Monthly Statement and Supporting Documentation within 3 days of receipt**
- **Sign and date upon completion of review**
- **Maintain Original Cardholder Statements, Receipts and Sales Drafts for Three Years**

Cardholder Statements



- **Purchases required for mission**
- **Are not prohibited or for personal use**
- **Have not been split from larger requirements to stay within the \$2500 threshold**
- **Are not part of a system which exceeds \$100,000 in value**

Cardholder Statements

I.M.P.A.C.

CARDHOLDER STATEMENT OF ACCOUNT

CARDHOLDER NUMBER
471630000099

Harold Palmer
1st ASOG
AFZH-AFLO MS 76
Box 33950
Fort Lewis, WA 98433-9500

MESSAGES

ACCOUNTING CODE: 21*2020 76-2054 131096U 26RB IMPAC****PALME UAF154 045016

Customer Service Call
Toll Free
1-888-99-IMPAC
(1-888-994-6722)

Cardholder Number
47160000099

Statement Date
12/23/97

Account Summary	
Purchases and Other	
Charges	3,757.35
Checks	0.00
Check Fee	0.00
Credits	0.00

Billing Office Account Number
4716-3045-77999999

STATEMENT TOTAL 3,757.35

Billing Office Contact and Address
Rich Weger
AFZH-RM MS-22
Box 339500
Fort Lewis, WA 98433

30 Day Credit Limit 7,500.00

Cardholder Statements

Harold Palmer
1st ASOG
AFZH-AFLO MS 76
Box 33950
Fort Lewis, WA 98433-9500

Statement Date: 12/23/97

Tran Date	Monthly Activity	MCC Code	Reference Number	Posting Date	Auth Code	Amount
11/21	National Seminars	7398	822347	11/25	077814	395.00
<u>Description:</u> Computer Maintenance						
11/03	TCI Tacoma 5114	4899	658216	11/04	067617	12.25
<u>Description:</u> Cable TV Service						
11/04	TCI Tacoma 5114	4899	658058	11/05	074568	24.50
<u>Description:</u> Cable TV Service						
11/09	Central Texas College Killeen TX	8220	089205	11/11	017846	866.60
<u>Description:</u> Continuing Education Computer Classes						
11/10	Hughes Data Systems AL	5969	019711	11/12	047268	2,459.00
<u>Description:</u> Desktop PC						
Total:						3,757.35

Reviewed By: _____

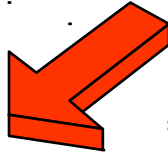
Date: _____

Cardholder Statements

CARDHOLDER CERTIFICATION STATEMENT

"I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE AND MADE IN GOOD FAITH, AND SUBJECT TO TITLE 18 U.S. CODE, SECTION 1001."

(CARDHOLDER SIGNATURE/DATE)



(APPROVING OFFICIAL SIGNATURE/DATE)



PURCHASES MADE WITH THE CREDIT CARD ARE IN MOST INSTANCES EXEMPT FROM STATE AND LOCAL TAXES. IT IS IMPORTANT THAT YOU ADVISE THE MERCHANT OF THIS BEFORE THE PURCHASE IS AUTHORIZED OR THE BILL IS PREPARED.

INSTRUCTIONS FOR DISPUTING A SALES TRANSACTION

1. Attempt to resolve the dispute with the vendor
2. Complete the Cardholder Statement of Questioned Item form. This form is available from you Approving Official or Agency Program Coordinator;
3. Pay particular attention to:
 - describing the attempted vendor resolution
 - signing the form
 - providing your daytime telephone number, including area code.
 - Attaching any supporting documentation such as credit vouchers, return shipping documents such as postal receipts or UPS receipts, etc.
4. Return the original form to:
IMPAC Card Services
P.O. Box 6347
Fargo, ND 58125-6347
5. The statement of Questioned Item must be returned to IMPAC Card Services no later than 60 days aft the statement date on which the transaction appeared in order to preserve your rights to dispute the transaction
6. Retain a copy for your files and forward a copy with your certified Statement of Account to your Approving Official or other routing as indicated by your office's internal procedures.

If you have questions concerning disputing a transaction, you are encourage to call IMPAC Customer Service at 1-888-99-IMPAC (1-888-994-6722) so that we may assist you.

Approving Official Statements

- **Date Stamp**
- **Reconcile with Cardholder Accounts**
- **Review and Correct Accounting Data**
- **Indicate Amount to be Paid (normally the current billing activity amount)**
- **Sign Certification Statement**
- **Forward Original and one copy to Finance Office for Payment**
- **Maintain all documentation for 3 years**

Date Stamp

- **Date Stamp Bill upon receipt**
- **Finance Office **MUST** receive bill within 15 days of receipt by AO**
- **If received late, annotate date received on the bill**
- **If never received, request copy from bank. Annotate as certified copy and date received.**

Approving Official Statements

Billing Account Statement

I.M.P.A.C.

SEND BILLING INQUIRIES TO:
IMPAC Government Services
P.O. Box 6347
Fargo ND 58125-6347

PAYMENT DUE IN ACCORDANCE
WITH THE PROMPT PAYMENT ACT
\$ 8,958.22

5 JAN 99

** AMOUNT PAID **

\$ **\$8,660.22**

STATEMENT CLOSING DATE

BILLING STATEMENT

DEC 23, 1997

REMIT TO:
IMPAC GOVERNMENT SERVICES
P.O. BOX 6313
FARGO, ND 58125-6313

BILLING ACCOUNT NUMBER
4716304577999999

PREVIOUS BALANCE	298.00	PURCHASES AND OTHER CHARGES	8,660.22
PAYMENTS	0.00CR	SELF ASSESSED INTEREST PENALTY	0.00
CURRENT BILLING ACTIVITY	8,660.22	CHECKS	0.00
ACCOUNT BALANCE	8,958.22	CHECK FEE	0.00
		CREDITS	0.00CR
		CURRENT BILLING ACTIVITY	8,660.22

DIR RES MGT
AFZH-RM MS-22
BOX 33950
FORT LEWIS, WA 98433-9500

Approving Official Statements

Billing Account Statement

I.M.P.A.C.

BILLING ACCOUNT NUMBER: 4716-3045-77999999

P/DT	T/DT	DESCRIPTION	CITY	ST	AMOUNT	P/DT	T/DT	DESCRIPTION	CITY	ST	AMOUNT
11/25	11/21	National Seminars	913-432-7755		395.00	11/04	11/03	TCI Tacoma 51114	Tacoma	WA	12.25
11/05	11/04	TCI Tacoma	Tacoma	WA	24.50	11/11	11/09	Central Texas College	Kileen	TX	866.60
11/12	11/10	Hughes Data Sys AL	334-409-2820		2,459.00						
*****		Palmer Howard O.	471630000099		3,757.35						
*****		Accounting Code	21*2020 76-2054	131096U	26RB	IMPAC****	PALME	UAF154	045016		
			9				8357				
11/25	11/22	Quality Resources	New York	NY	69.83	11/08	11/05	Computer Sonics	Tukwila	WA	577.80
11/08	11/05	Software Etc	Tukwila	WA	29.99	11/10	11/08	National Business Fmtr	800-626-6060		2,227.95
11/10	11/09	Mac Warehouse	800-925-6227		4,902.87	11/10	11/10	MAC Warehouse	800-925-6227		1,949.00
*****		Dulin Carmen R.	471630000011		4,902.87						
*****		Accounting Code	21*2020 76-2054	131096U	26RB	IMPAC****	DULIN	UDQM54	045016		
			9				8357				
		Department Totals			8,660.22						
		Division Totals			8,660.22						

Approving Official Statements

PLAIN LANGUAGE RESPONSIBILITIES: PURCHASE CARD CERTIFYING OFFICER

I certify on _____ that the purchase and amounts shown documented on this statement:
(Date)

1. Are correct and were required to fulfill immediate mission requirements of my organization.
2. Do not exceed spending limits approved by the Resource Manager.
3. Are not for my personal use or the personal use of the receiving individual.
4. Are not for items that have been specifically prohibited by my organization or by statute (ex: rents, real estate, transportation and travel, telecommunications).
5. Are not part of a system or larger purchase exceeding \$100,000 in value.
6. Have not been split into smaller segments to stay under the micro purchase limit (\$2,500).

In making this certification, I understand that I will be responsible for repaying my organization for any purchases that do not meet the above requirements as determined by later audit and/or reconciliation. I also understand that the disbursing officer will charge for late interest payment penalties.

(Signature)



Fund Cites



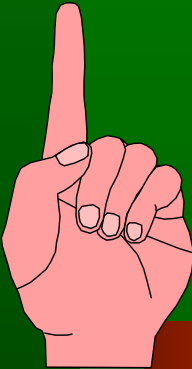
Fiscal Year (9)

21*2020 76 2054 131096 26RB

IMPAC**SMITH ABCD54 045016**



Julian Date of Bill Closing Date



**Coordinate with budget
offices for year end
procedures!**

61 Days Past Due . . .

Approving Official Accounts



Cardholder Accounts. . .



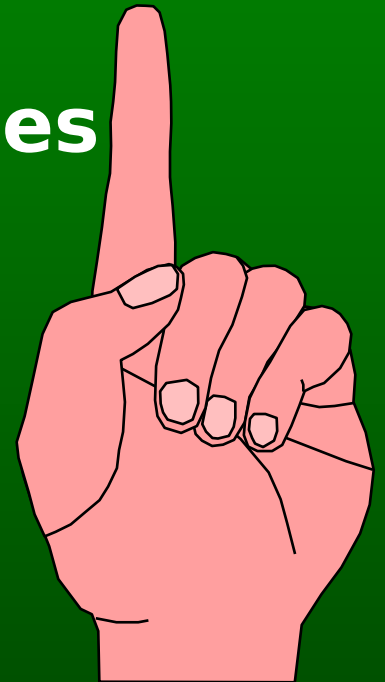
Mailing Address

- **DFAS-RO-VENDOR PAY**
124 Chappie James Blvd.
Rome NY 13411-4511



Other Issues

- **Record Keeping**
- **Timeliness**
- **Pecuniary Liability**
- **Penalties and Interest Charges**
- **Delinquent Accounts**
- **Benefits**



POC's for Finance Issues

- **Unit or Program Director
Budget Office**
- **Pam Nelson, DRM, 968-9007 or
nelsonp@lewis.army.mil**